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ABSTRACT

This study is designed to provide some concrete data concerning the role of social class as a determinant in the decision-making process of counselors in the public school system. Subjects for the study were elementary school and special counselors from a large Southwestern public school system; all were females. After reading identical, hypothetical clinical descriptions and differentiated accounts of the alleged family situation of a boy with behavior problems, the subjects were asked to respond to a list of possible courses of action. The results of this investigation lend support to the previous findings that social class is a significant factor in influencing expectancies and behavior of those in the helping professions. Examination of the responses of the two groups suggests that when the child is identified as having upper-class status, there is a greater willingness on the part of the counselor to become ego-involved in the management of the child who seemed "more important," and worthier of attention, than when the youngster is of lower-class status. (Author/JW)

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EFFECTS OF THE CHILD'S SOCIAL CLASS UPON SCHOOL COUNSELORS' DECISION-MAKING

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Considerable attention in recent years has been focused on the effects of individual's expectations upon his own behavior and that of the people with whom he interacts. In psychological research, psychotherapy, classroom teaching, even international affairs, evidence has accumulated to suggest that in many human transactions the preconceptions of the change agent may influence his behavior in such a way as to maximize the likelihood that the outcome will be in line with his expectations, a phenomenon which is now commonly characterized as a "self-fulfilling prophecy".

Rosenthal,[5] a leading figure in expectancy research, has identified a number of variables which contribute to the phenomenon. The present study is concerned with only one, social class membership. At least since the landmark investigation of treated mental illness in New Haven by Hollingshead and Redlich[6] we have been aware of the influence of social class as a determinant of the type of diagnosis made, the nature of treatment given, and the outcome. Looking only at the type of treatment provided and its duration, the New Haven study revealed a tendency for upper-class patients to be given extensive, depth-type therapy, while lower-class patients tended to be given directive therapy often combined with drugs or other organic treatment. While the lower-class neurotic was found to be dismissed from treatment much earlier than upper-class neurotics, the lower-class psychotic was rarely perceived as "ready" to leave treatment. As one moves down the class ladder, the likelihood for schizophrenics to have been in continuous treatment increases. And among lower-class psychotics, new patients were much more likely

to receive custodial care from the very beginning.

It is impossible to determine from this type of epidemiological data alone to what extent the reported differential treatment and outcomes are a function of the expectations of the professionals involved or to what extent the differences may be related to "real" differences between members of varying social classes. However, the experimental literature involving expectancies and behavior gives some indication of the potency of this phenomenon in influencing the behavior of professionals. Haase[5] presented clinical psychologists with matched sets of Rorschach Test records. Although essentially identical the protocols which were identified as the products of lower-class individuals resulted in poorer prognostic statements and judgments of greater maladjustment than did the records of middle-class persons. On the basis of the Rorschach, the lower-class individuals were more frequently categorized as psychotic or possessing a character disorder, while middle-class individuals tended to be diagnosed as neurotic or normal.

Lee and Temerlin[7] demonstrated that psychiatric residents typically diagnosed mental illness when the history suggested lower-class origin. Conversely, the higher the socio-economic status the greater the probability of a diagnosis of mental health. Also, the suggestion of lower status was directly related to poorer prognosis.

Just as social class has been shown to influence the expectancies and behavior of mental health professionals, so is there considerable evidence to suggest a similar influence on teachers in the public schools. Early reports by Davis and Dollard,[4] Becker,[1] and by Warner Havighurst and Loeb[10] support the conclusion

that teachers do form differential attitudes toward their pupils as a function of the children's position in the social structure. These attitudes in turn result in differential behaviors. For example, these findings indicate that teachers in lower-class schools expect less from their pupils, provide them with less stimulation, and punish the children for their personal hygiene and their shabby clothing.

The powerful effect of expectancies upon teacher behavior and pupil performance has been demonstrated by Rosenthal and Jacobson[9]. Their findings are by now so well known that only brief mention of them is necessary. In short, when two groups of children were identified to their teachers as "bloomers" and "non-bloomers", while in fact they had been randomly assigned, after one year, nearly half of the children designated as likely to show dramatic intellectual growth showed gains in IQ of 20 points or more, while the gains for the "ordinary" children were much more modest. A study by Beez[2] provides dramatic confirmation of the potency of expectancy. Half the teachers of sixty preschool children enrolled in a summer Head Start Program had been led to expect good symbol learning on the part of their pupils, and half had been given the suggestion that poor learning was likely. Seventy-seven percent of the children gratuitously dubbed as having good potential subsequently learned five or more symbols, while only 13 percent of the allegedly duller children reached that level of performance. Beez also was able to show that the teachers who had been given favorable expectations tried to teach a significantly greater number of symbols than did the other teachers.

While we have considerable evidence, then, concerning the influence of social class upon the expectancies and behavior of mental health professionals and classroom teachers, there is little available knowledge about the effects of this variable

upon the behavior of school counselors. This study is designed to provide some concrete data concerning the role of social class as a determinant in the decision-making processes of these important mental health agents within our school systems.

METHOD

Subjects for the study were elementary and special counselors from a large Southwestern public school system. All were females, with a range of experience of from 4 months to 20 years and a mean of 7.7 years. Subjects were randomly assigned to one of two groups of nine members each. Both groups were given identical printed descrptions* of a hypothetical case involving a nine-year old boy who presented typical behavior problems in school, e.g., defiance, disruptiveness, aggressiveness, and poor achievement. One group (Hi SES) was provided with additional social history information which clearly placed the child in an upper-middle-class social position. For example, the boy's father was identified as a petroleum engineer and civic leader with an annual income of $24,000. Social history information presented to the other group (Lo SES) just as clearly indicated lower-class status. Here, the father was identified as an unemployed service station attendant and the mother as a part-time check-out girl in a supermarket, with a total family income including AFDC payments, of $320 a month.

After reading the identical clinical description and differentiated accounts of the alleged family situation, subjects in the two groups were asked to respond to a list of possible courses of action available to them in dealing with the hypothetical case. The specific instructions and options given were as follows:

*The text of the case description may be obtained by writing the senior author at 4500 N. Lincoln Blvd., Oklahoma City, Oklahoma 73105.

"Based on this rather brief exposure to the case history, indicate in the space provided below the extent to which you agree or disagree with the alternatives enumerated below. Assume that you have the authority to make and implement any of these recommendations. Try to use the undecided position (4) as infrequently as possible."

1 disagree strongly
2 disagree
3 disagree slightly
4 undecided
5 agree slightly
6 agree
7 agree strongly

1. refer to social worker for counseling
2. temporary suspension
3. request that teacher provide special tutorial help after school
4. defer to principal
5. request a change in classroom
6. schedule home visit to get better idea of family situation
7. refer to psychiatrist
8. retention in present grade level
9. counsel with child yourself
10. refer child for psychological evaluation
11. recommend a parent conference
12. hold child after school of disciplinary action
13. take no action with the hope that behavior will spontaneously improve

14. schedule a conference with the teacher to discuss alternatives in classroom management

15. recommend reasonable disciplinary action in the form of mild corporal punishment for violation of classroom rules.

16. consult with your supervisor about case

17. ask child what suggestions he would have for improving his own behavior

18. other (specify)

In addition, the subjects were asked to indicate the likelihood of the following outcomes, under the condition (A) that appropriate action is taken and under the condition (B) that no action is taken, utilizing the same rating scale as above: 19--making a satisfactory school adjustment, 20--becoming a delinquent, and 21--becoming a school dropout.

Following the ratings, the subjects completed the Minnesota Teacher Attitude Inventory,[3] a 150 item objective test which was designed to measure, inter alia, overt democratic attitudes toward children.

RESULTS

Effects of Suggestion

The data were analyzed using a t-test for non-correlated measures. The means and standard deviations of the items for each group under the two experimental conditions are presented in Table I.

-- Insert Table I here --

Those counselors given the suggestion that the "problem child" came from a high socioeconomic background (the Hi SES condition) agreed more strongly with

recommendations to (a) schedule a home visit to get a better idea of the family situation (p .05) and (b) consult with their supervisors about the case (p .05) than did the group who was exposed to the Lo SES suggestions.

In addition, there were several recommendations for which the tests between the two groups approached significance. Counselors given the Hi SES suggestion tended to agree more strongly with the following alternatives: (a) counsel with the child personally (p .10) and (b) schedule a teacher conference to discuss alternatives in classroom management (p .10). In general, the Hi SES group appeared to be open to assuming a more involved role in expediting the helping process.

By contrast, those counselors given the Lo SES suggestion were typically pessimistic regarding both recommendations and outcomes. An examination of the data reveals that counselors exposed to the Lo SES suggestion agreed more strongly that the child should be retained in his present grade level (p .025). Most noteworthy, however, was the bleak assessment of the outcome of their recommendations. They viewed the possibility of the child becoming involved in a delinquent act as likely, even if the appropriate course of action were implemented (p .05). Similarly they believed that the child was more likely to drop out of high school, even if appropriate action were taken (p .025). In addition, the Lo SES suggestion group tended to agree that the child would become a high school dropout if appropriate action were not taken (p .10).

Minnesota Teacher Attitude Inventory

Although the attitude scores on the MTAI varied widely among counselors, ranging from extreme inflexibility to a high degree of respect for the student, the data revealed no significant correlation between those scores and the types of recommendations or

of outcome ratings.

DISCUSSION

The results of this investigation lend support to the previous findings that social class is a significant factor in influencing expectancies and behavior of those in the helping professions. Examinations of the responses of the two groups suggest that when the child is identified as having upper-class status there is a greater willingness on the part of the counselor to become ego-involved in the management of the child who seemed "more important", worthier of attention, than when lower-class status is imputed to the youngster.

Not only did the responses of the Lo SES group reflect a lack of willingness to become involved in the case, but there is a suggestion of punitiveness in the greater likelihood of recommending retention in the present grade for the lower-class child. The authors were struck by the grim outcomes predicted for the child by the group given the lower-class suggestion. This pessimism concerning the fate of the lower-class child received corroboration from the authors' observations of the two groups during the experiment. In the Lo SES group, visible shaking of heads were observed as the case was presented and audible sighs were detected when the family's meager income was mentioned. In the discussion that followed the group was in agreement that this was a typical case which they encountered almost daily in their work. None of this behavior was observed in the Hi SES group. By contrast these counselors wanted more facts to work with before making their decisions. It could be inferred that given the upper-class suggestion the counselors wished to go beyond the data presented in order to individualize the child, while the imputation of lower-class

status produced a stereotyped response characterized by apathy and a sense of futility in the counselor.

It will be argued, not without justification, that the differential responsiveness of the counselors in the two groups merely reflects an awareness of social reality. Actuarially, it is true that lower-class status carries with it a markedly higher risk of delinquency and dropping out of school. The crucial question, however, is to what extent expectancy and the consequent pessimism and lack of ego involvement contribute to these unfortunate outcomes. The present study cannot definitely resolve that question but the divergent action plans of the two groups do suggest that resignation rather than redoubled effort is the more characteristic response to the challenge of working with the lower-class child. By passively accepting the expectancy of unfavorable outcome, the counselor only adds to the inevitability of events.

Disturbingly, the findings in this study, derived from an experimental situation in which the subjects were unaware of its purpose, contrasted sharply with the egalitarian social concerns expressed repeatedly by the great majority of the counselors in the course of a week-long workshop on poverty and education which immediately followed the experiment. Indeed, the authors were so impressed by these verbalizations that it came as a distinct surprise when the subsequent analysis of the data revealed significant differences. This contrast between overt behavior and experimental data lends weight to the conviction that expectancies based on social class position operate in a subtle, largely covert, fashion to influence the behavior of professionals toward clients of varying social backgrounds. (This conclusion is supported by the lack of correlation between the professed social attitudes on the

Teacher Inventory, with its large number of "obvious" items, and the responses to the experimental situation.) Consequently, it seems imperative to build into the curricula of training programs for teachers, counselors, and others in the helping professions provisions for the thorough exploration of underlying social attitudes. To fail to do so can only perpetuate our failure to respond adequately to the plight of socially disadvantaged children.

TABLE 1

Means and Standard Deviations of School Counselor's Ratings Under High and Low SES Suggestions

Categories	1		2		3		4		5		6		7		8	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
High SES Suggestion	4.78	1.92	2.22	1.39	2.22	1.09	2.78	1.05	3.22	1.36	6.66	.05	4.33	1.58	1.44	0.53
Low SES Suggestion	5.00	1.80	2.00	1.32	2.56	1.74	2.11	1.71	3.11	1.39	5.22	2.22	3.56	1.64	2.89	1.96

Categories	9		10		11		12		13		14		15		16	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
High SES Suggestion	5.78	.065	5.00	2.11	6.33	1.73	1.67	05	1.33	71	6.40	05	3.33	1.94	5.56	088
Low SES Suggestion	4.50	2.33	5.22	1.09	5.78	1.48	1.56	053	1.20	054	5.22	2.22	3.44	2.8	4.44	1.33

Categories	17		18		19		20A		20B		21A		21B	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
High SES Suggestion	6.44	2.30	---	---	5.40	.07	2.90	1.29	6.50	07.	2.40	096	5.80	1.32
Low SES Suggestion	6.00	1.22	---	---	5.00	1.12	4.11	1.27	6.33	087	4.00	1.66	6.56	073

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